

AUG 14 2001

CERTIFICATE OF MAILING

1641

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Name (Print/Type)	Donna Macedo	Signature	<i>D. Macedo</i>	Date	08-09-2001
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**Combined
Transmittal and Fee Calculation Sheet**

Small Entity Large Entity

Application Number	09/472,654
Confirmation Number	n/a
Filing Date	December 27, 1999
First Named Inventor	Fogarty
Examiner	M. Pham
Group Art	1641
Attorney Docket No.	TOSK004

ENCLOSED:	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input checked="" type="checkbox"/> Amendment Under Rule	Total	20	20	0	\$ -	
<input checked="" type="checkbox"/> 37 CFR § 1.111	Independent	4	4	0	\$ -	
<input checked="" type="checkbox"/> Pages 6	Multiple					
Total Extra Claim Fees					\$ -	

RECEIVED

Fee

Applicants Petition for an _____
Extension of time from _____ to _____

AUG 17 2001

Response to File Missing Parts (with copy of formalities letter)

TECH CENTER 1600/2900

Fee

Filing Fee _____
 Executed Declaration Pages _____ Surcharge Fee _____
 Other Excerpt from Fundamental Toxicology for Chemists _____

Subtotal \$ -

Information Disclosure Statement

PTO Form 1449 Pages _____
 Copies of Cited References _____
 Other _____

Fee

Subtotal \$ -

Response to Notice to Comply (with copy of Notice to Comply)

Sequence Listing Certification _____
 Paper Copy of Sequence Listing Pages _____
 Diskette in computer-readable format _____
 Other _____

Fee _____

Terminal Disclaimer	Fee			
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group				
<input type="checkbox"/> Notice of Appeal	Pages _____ Fee _____			
<input type="checkbox"/> Appeal Brief in Triplicate	Pages _____ Fee _____			
<input type="checkbox"/> Reply Brief	Pages _____ Fee \$ -			
	Subtotal \$ -			
<input type="checkbox"/> Other Enclosures and/or Fees	Fee _____			
<input type="checkbox"/> Change of Correspondence Address				
<input checked="" type="checkbox"/> Return Receipt Postcard	TOTAL FEES \$ -			
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</p>				
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED				
Name (Print/Type)	Bret E. Field		Registration No.	37,620
Signature			Date	08-09-2001
Firm Name	Bozicevic, Field & Francis LLP		Address	200 Middlefield Road, Suite 200
City	Menlo Park	State	California	zip 94025
Telephone - Direct Dial	650-327-3400		Facsimile	650-327-3231

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